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TRANSMITTAL FORM

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Total Number of Pages in This Submission

14

Application Number	10/627,553
Filing Date	07/24/2003
First Named Inventor	Anthony Ross
Art Unit	3733
Examiner Name	Pedro Philogene
Attorney Docket Number	044RE1

ENCLOSURES (Check all that apply)

- | | | |
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| <input type="checkbox"/> Fee Transmittal Form
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Remarks

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	NuVasive, Inc.		
Signature			
Printed name	Jonathan Spangler		
Date	July 10, 2006	Reg. No.	40,182

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PATENT:
Reissue Application No.: 10/627,553
Attorney Reference No.: 044RE1

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Reissue Application No.: 10/627,553)	Atty. Docket No.: 044RE1
)	
Filed: July 24, 2003)	Examiner: Pedro Philogene
)	
Patent No.: 6,264,659)	Art Unit: 3732
)	
Granted: July 24, 2001)	
)	
Patentees: Anthony C. Ross)	
Peter A. Guagliano)	
)	
For: METHOD OF TREATING AN)	
INTERVERTEBRAL DISK)	

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Signature: _____

Jonathan Spangler

RESPONSE TO RESTRICTION REQUIREMENT

Commissioner for Patents
PO Box 1450
Alexandria VA 22313-1450

Dear Sir:

In response to the Restriction Requirement mailed June 9, 2006, having a one-month period for response which expired July 9, 2006, the Applicants respectfully request that this Amendment be entered in the above-identified reissue application. Please amend the application as follows: